



# 2023-2024 Student Health Insurance Plan

## University of Nebraska, Omaha

The University of Nebraska, Omaha student health insurance will continue to be administered by UnitedHealthcare Student Resources – the new policy year begins August 1, 2023.

UHCSR offers a medical, prescription drug and dental insurance plan to UNO students. Using this plan, and the Preferred Providers of the UHC network, can help you save money when you seek medical or dental care and when you need to fill a prescription. Coverage is also available for your eligible dependents.

Your school’s student health insurance plan offers convenient access to physicians and various resources at the touch of your fingertips.

### Highlights of the Student Health Insurance Plan Benefits

|   |  |  |
|---|--|--|
| METALLIC LEVEL – PLATINUM WITH ACTUARIAL VALUE OF 89.610%   |  |  |
| Preferred Providers: The Preferred Provider Network for this plan is UnitedHealthcare Choice Plus. Go to <a href="http://www.uhcsr.com/unomaha">http://www.uhcsr.com/unomaha</a> and click on “Find Providers.”   |  |  |
| Student Health Center Benefits: The Deductible and Copays will be waived and benefits will be paid at 100% for Covered Medical Expenses incurred when treatment is rendered at the Student Health Center. Policy Exclusions and Limitations do not apply.   |  |  |
|   | <b>Preferred Providers</b>   | <b>Out-of-network Providers</b>  |
| <b>Overall Plan Maximum</b>   | <b>There is no overall maximum dollar limit on the Policy</b>  |  |
| <b>Plan Deductible</b>  | \$500 (Per Insured Person, Per Policy Year)<br>\$1,000 (For all Insureds in a Family, Per Policy Year)   | \$1,000 (Per Insured Person, Per Policy Year)<br>\$2,000 (For all Insureds in a Family, Per Policy Year)   |
| <b>Out-of-Pocket Maximum</b><br><i>After Out-of-Pocket Maximum has been satisfied, Covered Medical Expenses will be paid at 100% for remainder of Policy Year subject to applicable benefit maximums. Refer to plan certificate for details.</i>  | \$2,200 (Per Insured Person, Per Policy Year)<br>\$4,400 (For all Insureds in a Family, Per Policy Year)   | \$4,400 (Per Insured Person, Per Policy Year)<br>\$8,800 (For all Insureds in a Family, Per Policy Year)   |
| <b>Coinsurance</b><br><i>All benefits are subject to satisfaction of the Deductible, specific benefit limitations, maximums and Copays as described in the plan certificate.</i>  | 80% of Allowed Amount for Covered Medical Expenses   | 50% of Allowed Amount for Covered Medical Expenses   |
| <b>Prescription Drugs</b><br><i>UHCP Mail Order Network Pharmacy or Preferred 90 Day Retail Network Pharmacy</i><br><ul style="list-style-type: none"> <li>• A 31-day supply Copay must be the same for mail order as retail</li> <li>• A 60-day supply Copay must be the same for mail order as retail</li> <li>• A 90-day supply Copay must be the same for mail order as retail</li> </ul> | \$25 Copay per prescription for Tier 1<br>\$50 Copay per prescription for Tier 2<br>\$100 Copay per prescription for Tier 3<br>Up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP) not subject to Deductible | \$50 Copay per prescription for generic drug<br>\$100 Copay per prescription for brand name drug<br>75% of billed charge<br>Up to a 31-day supply per prescription not subject to Deductible |
| <b>Preventive Care Services</b><br><i>Including but not limited to: annual physicals, GYN exams, routine screenings and immunizations. Please visit <a href="https://www.healthcare.gov/preventive-care-benefits/">https://www.healthcare.gov/preventive-care-benefits/</a> for a complete list of services provided for specific age and risk groups.</i>                                    | 100% of Allowed Amount<br><i>No Deductible, Copays or Coinsurance applied when services are received from a Preferred Provider.</i>  | 50% of Allowed Amount after deductible   |
| <b>The following services have per Service Copays</b><br><i>This list is not all inclusive. Please read the plan certificate for complete listing of Copays.</i>  | Physician’s Visits: \$20<br>Medical Emergency: \$300<br><i>The Copay will be waived if admitted to the Hospital. Policy Deductible applies.</i>  | Medical Emergency: \$300<br><i>The Copay will be waived if admitted to the Hospital. Policy Deductible applies.</i>  |



For more information, visit [uhcsr.com/unomaha](http://uhcsr.com/unomaha) to check out your school’s certificate/benefits flier or call 1-866-416-2623.



Because this plan is tailored for our students, it's geared to work hand-in-hand with the Student Health Center.

## Questions?

### UHCSR University of Nebraska Student Insurance Advocate

1-866-351-4262

unbraskaadvocates@uhcsr.com

### UnitedHealthcare Student Resources

1-866-416-2623

uhcsr.com/unomaha

customerservice@uhcsr.com

claims@uhcsr.com



**UnitedHealthcare Global** - Emergency medical and travel assistance while away from home or school.



**Student Assist** - In-the-moment support, legal and financial assistance, and mediation services to deal with personal issues and crises. Call the number on your ID card or log in to: [uhcsr.com/myaccount](http://uhcsr.com/myaccount).



**HealthiestYou** - Virtual Medical Services – A nationwide telehealth service providing members with 24/7 access to licensed medical doctors for either immediate or scheduled consultations for treatment of acute illnesses.

**Virtual Mental Services** – A nationwide virtual counseling service providing members 24/7 access to psychiatrists, psychologists and licensed therapists available via phone or video at their convenience. Services are available at [www.telehealth4students.com](http://www.telehealth4students.com).

## Highlights of the Dental Plan Benefits

|   | Network                              | Non-Network                          |
|---|--------------------------------------|--------------------------------------|
| Individual Annual Deductible  | \$0                                  | \$0                                  |
| Family Annual Deductible  | \$0                                  | \$0                                  |
| Annual Maximum  | \$1,000 per person per Calendar Year | \$1,000 per person per Calendar Year |
| Diagnostic/Preventive Services  | 100%                                 | 60%                                  |
| Basic Services<br>Restorations, Emergency Treatment/<br>General Services, Simple Extractions, Oral<br>Surgery, Periodontics, Endontics. | 80%                                  | 50%                                  |
| Crowns  | 30%                                  | 30%                                  |

## Enrollment

Part-time students and their dependents, please visit the UHCSR website <https://www.uhcsr.com/unomaha> to enroll.

## Premiums - Option 1

|                         | Fall Semester | Spring/Summer Semester |
|-------------------------|---------------|------------------------|
| Student                 | \$3,511.14    | \$4,882.97             |
| Spouse/Domestic Partner | \$3,497.39    | \$4,863.82             |
| Each Child              | \$3,504.67    | \$4,873.96             |

## Coverage Effective Dates

Fall Semester: August 1, 2023 through December 31, 2023

Spring/Summer Semesters: January 1, 2024 through July 31, 2024



*This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy 2023-1424-182-2. For further details of the coverage including costs, benefits, exclusions, any reductions or limitations and the terms under which the coverage may be continued in force, please refer to [www.uhcsr.com/unomaha](http://www.uhcsr.com/unomaha).*

*NOTE: The information contained herein is a summary of certain benefits which are offered under a student health insurance Policy issued by UnitedHealthcare. This document is a summary only and may not contain a full or complete recitation of the benefits and restrictions/exclusions associated with the relevant Policy of insurance. This document is not an insurance Policy document and your receipt of this document does not constitute the issuance or delivery of a Policy of insurance. Neither you nor UnitedHealthcare has any rights or responsibilities associated with your receipt of this document. Changes in federal, state or other applicable legislation or regulation or changes in Plan design required by the applicable state regulatory authority may result in differences between this summary and the actual Policy of insurance.*

UnitedHealthcare Student Resources does not discriminate on the basis of race, color, national origin, sex, age or disability in health programs and activities.

ATTENTION: Language assistance services, free of charge, are available to you. Please call 1-866-260-2723.

ATENCIÓN: Usted tiene a su disposición servicios de asistencia en otros idiomas, sin cargo. Llame al 1-866-260-2723.

注意：免费提供语言协助服务。請致電 1-866-260-2723。